

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet** 

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	FILE	Ν	UMBER	

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATIO	N						
1. Full Name of Committee (as on Statement of Organization)	ew name						
Friends of Steve Wood							
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Number					
	131	7) 219 9673					
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this	s is a new address					
19180 Golden meadow way							
5. City, State, ZIP Code	6. Party	y Affiliation (if applicable)					
Noblesville, IN 46060	K	clublican					
CANDIDATE INFORMATION (For Candidate)			-t Cdidata				
7. Full Name of Candidate (include any nickname)	- آ	y Affiliation or if Independent Candidate					
Stephen (Steve) Charles Wood		copublican					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Col	inty of Residence					
TYPE OF REPORT		CONVENTIO	ON CANDIDATES ONLY				
11. Check one:		Check one:					
Pre-Primary Pre-Election Annual Nomination Other		Pre-Convention					
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Stateme	ent of Organization	) Post-Co.	nvention				
12. Reporting Period:		COLUMN A	COLUMN B				
From: 1/1/09 Through: 12/31/09		This Period	Year to Date				
13. Cash on hand and investments at the beginning of this reporting period.		585.45					
14. Cash on hand and investments January 1, current year.			0				
CONTRIBUTIONS AND RECEIPTS							
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)							
15a. Itemized (use Schedule A)		<u> </u>	<del>                                     </del>				
15b. Uniternized  15c. Add lines 15a and 15b in both columns  St	JBTOTAL	<u>U</u>	<del>                                     </del>				
	TOTAL	0	<del>                                     </del>				
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B  EXPENDITURES	IOIAL	0	()				
(Note: These amounts include in-kind expenditures and loan repayments.)							
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		450,00	450,00				
17b. Uniternized	-	110.00	110,60				
17c. Add lines 17a and 17b in both columns	UBTOTAL	560,00	560.00				
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	25.45	25.45				
19. Debts OWED BY the committee (use Schedule D)		O					
20. Debts OWED TO the committee (use Schedule E)		Ŏ					
CERTIFICATION			FOR OFFICE USE ONLY				
THEICATION			·				

ST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

Date

Title Trasurer

FOR OFFICE USE ONLY (f)

10:54: 03 97 90



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OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER	
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Noblesville Girls Basketbull		☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	450.00		9/20/04
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS P	AGE OF SCHEDULE E	\$ \$450.0	0	
TOTAL OF ALL	PAGES OF SCHEDULE B ON T (Enter total on ITEM 17a of	HE LAST PAGE ONLY	( 51150 0	0	